

Name in Full

Certificate of Death

Rockel. Anderson

Town

County

Died at

Georgetown

Plants.

MARYLAND

1903

Month Day

Y. M. D.

Native of

Occupation

Date of death

Jan. 13.

Age

17.5.

Md.

Wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

none

27

Wife

Father's

Name

Joseph. Anderson

Mother's

Name

Sarah. M. Anderson

Cause of

Primary

Consumption

How long sick

4 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

E. W. Stahl and Mrs.

Garrison

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 19728



Beroline

Town

Evesville

Bennett

County

Kent

MARYLAND

Died at

Month Day

Y. M. D.

Native of

Date 1903

May 28

Age 58

New

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

Wife

Father's

Name

Cause of

Death

Reported by



Simeon Bennett

Mother's

Maiden Name

Thomas Graham

Annie Eagan

How long sick

5 months

17a

Accident, Suicide, Homicide

Primary

Immediate

Knows Rector attending

Thos H. Casey Undertaker

Buck Hall

Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hector Blake

Town

County

Died at

Galena

Month

Day

MARYLAND

Date 19

1/3 Male

Female

White

Colored

Age
Married

Single

M.

D.

Native of

27

Widow

Widower

Occupation

Maryland House w/ wife

Divorced

Number of children living

3

Husband of

Thomas Blake

Wife

Mother's

Father's

Samuel Riley

Maiden Name

Bronzewriter Dudley

How long sick

Cause of

Primary

Plumsey

Death

Immediate

Draughtical

Accident, Suicide, Homicide

Reported by

John D Adams 94

Address

Galena

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



not name

Died at

Galena

Town

County

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband of

George Burks.

Wife

Father's

Name

George Burks

Mother's

Maiden Name

Sallie Collins.

Cause of

Primary

How long sick

Death

Immediate

Still Born

Accident, Suicide, Homicide

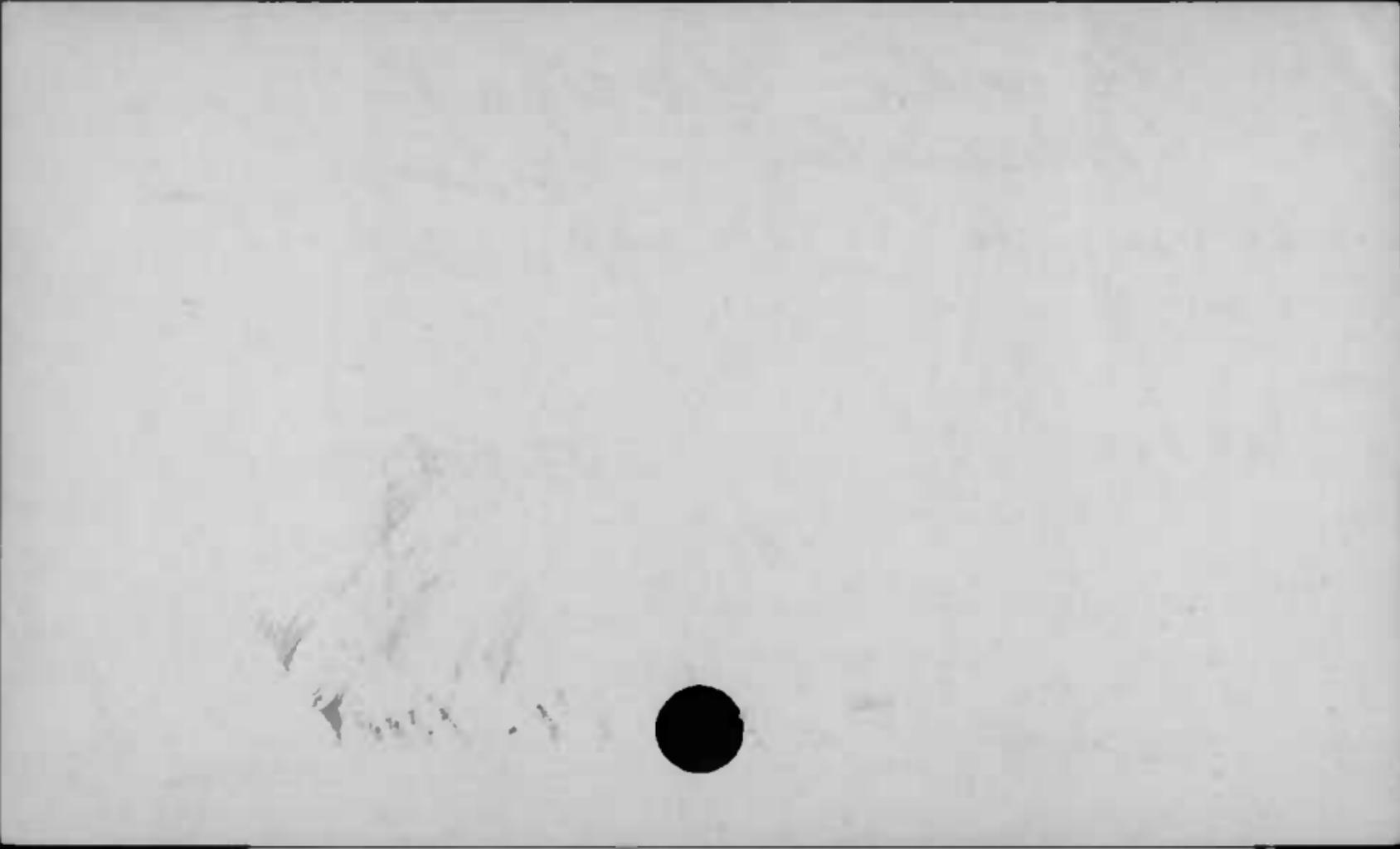
Reported by

Annie Cossey

Address

Galena Kent- Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Pearle Cooper

Town Millington County

MARYLAND

Died at

Month Day

Y. M. D.

Native of

~~Occupation~~

Date 1903 January 10

Age

16 months old

Male

White

Married

Widower

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

George Cooper

Mother's
Maiden Name

Bethannah Cooper

How long sick

Cause of

Primary

Don't know

Death

Immediate

Bronchitis

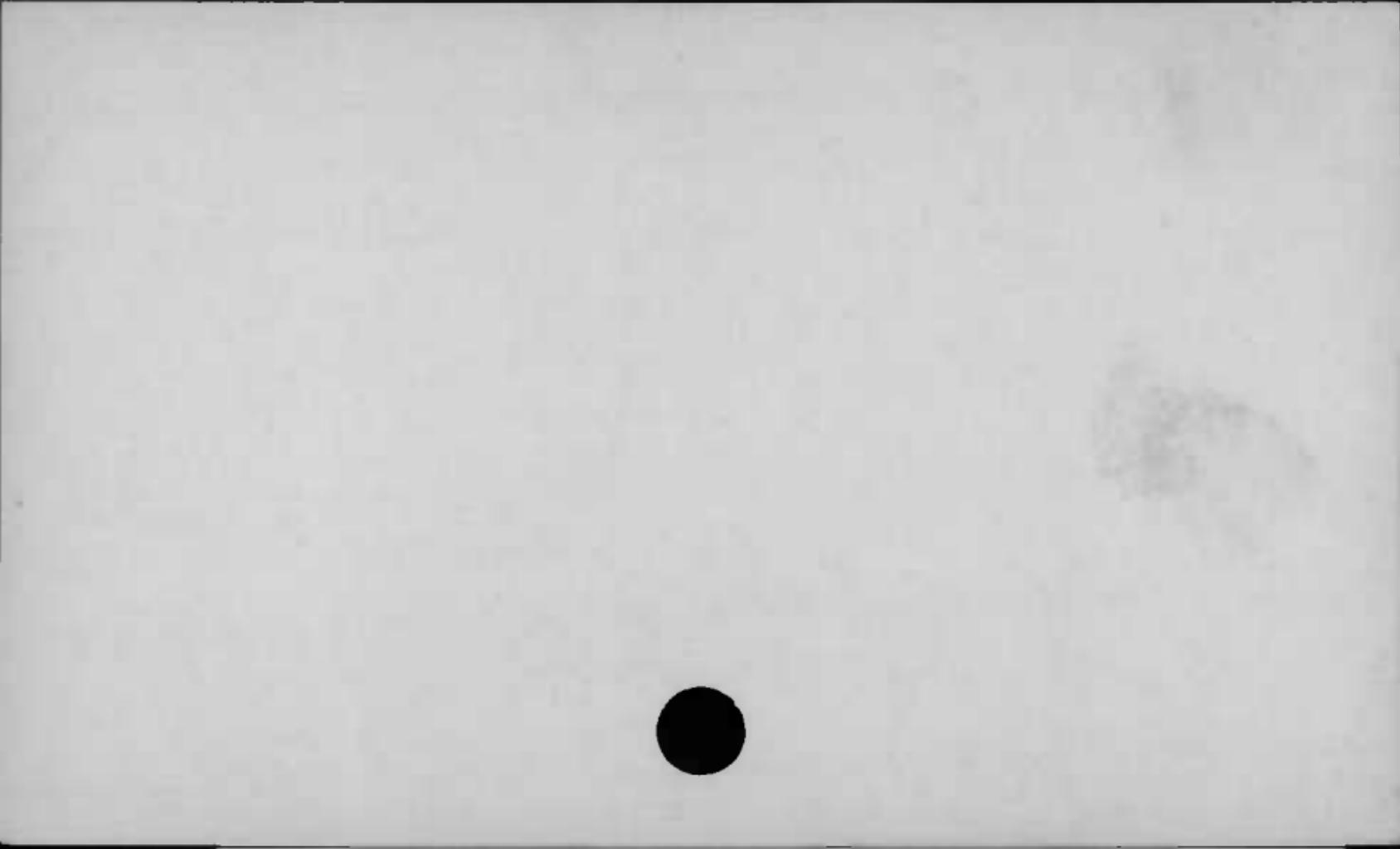
90

~~Accident, Suicide, Homicide~~

Reported by

J. C. Haclatt
Millington, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm. H. Drummond.

Died at	Town <i>Goffs</i>	County <i>Kent</i>	State <i>MARYLAND</i>
Date 1903	Month / Jan	Y. M. D. <i>35 X X</i>	Native of <i>Marylan</i>
Male	White	Age Married	Occupation <i>Laborer</i>
Female	Colored	Single	Divorced
		Number of children living /	

Husband of *Alessander Drummond*

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

2 mo.

Death

Immediate

Tuberculosis 27

Accident, Suicide, Homicide

Reported by

W.M. Jeler M.D.

Address

Sassafrass ● *Kent Co. Md.*

 Must be signed by physician if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Zachariah J. Dunn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan'y	Day 26	Years 54	Months -	Days -
Sex Male	Color or Race Colored	Birth-place Kent Co			
Married, Single or Widowed	Occupation	Grant about house			
Name of Wife or Husband	Sarah M Dunn				
Father's Name	Perry Dunn			Father's Birthplace	Kent Co
Mother's Maiden Name	Don't know			Mother's Birthplace	" "
Name of person giving information	Forenza Dunn			How related to deceased	Brother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drabtes	50	How long	1 year
Immediate	"		How long	, year
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. Benj. Simmons	
		Address	Chestertown Md	
Accident or Suicide?	no			



Dr John C Hackett

Town

Willington

County

Died at

1903

Month

Day

Y.

M.

D.

Native of

MARYLAND

Date 189

January 21

Age

48-

Widow

Md

Occupation

Physician

Male

White

Married

Divorced

Female

Canton

Single

Widower

Number of children living

No children

Husband
of
Wife

Jessie Hackett

Father's
Name

John C Hackett

Mother's
Name

Martha C Hackett

Cause of
Death

Primary

Congestion of Brain

How long sick

Immediate

Nervous exhaustion

Several mo

Accident, Suicide, Homicide

Reported by

E. G. Black

ber

Address

Willington

Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Johas B. Harris.

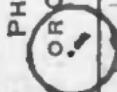
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

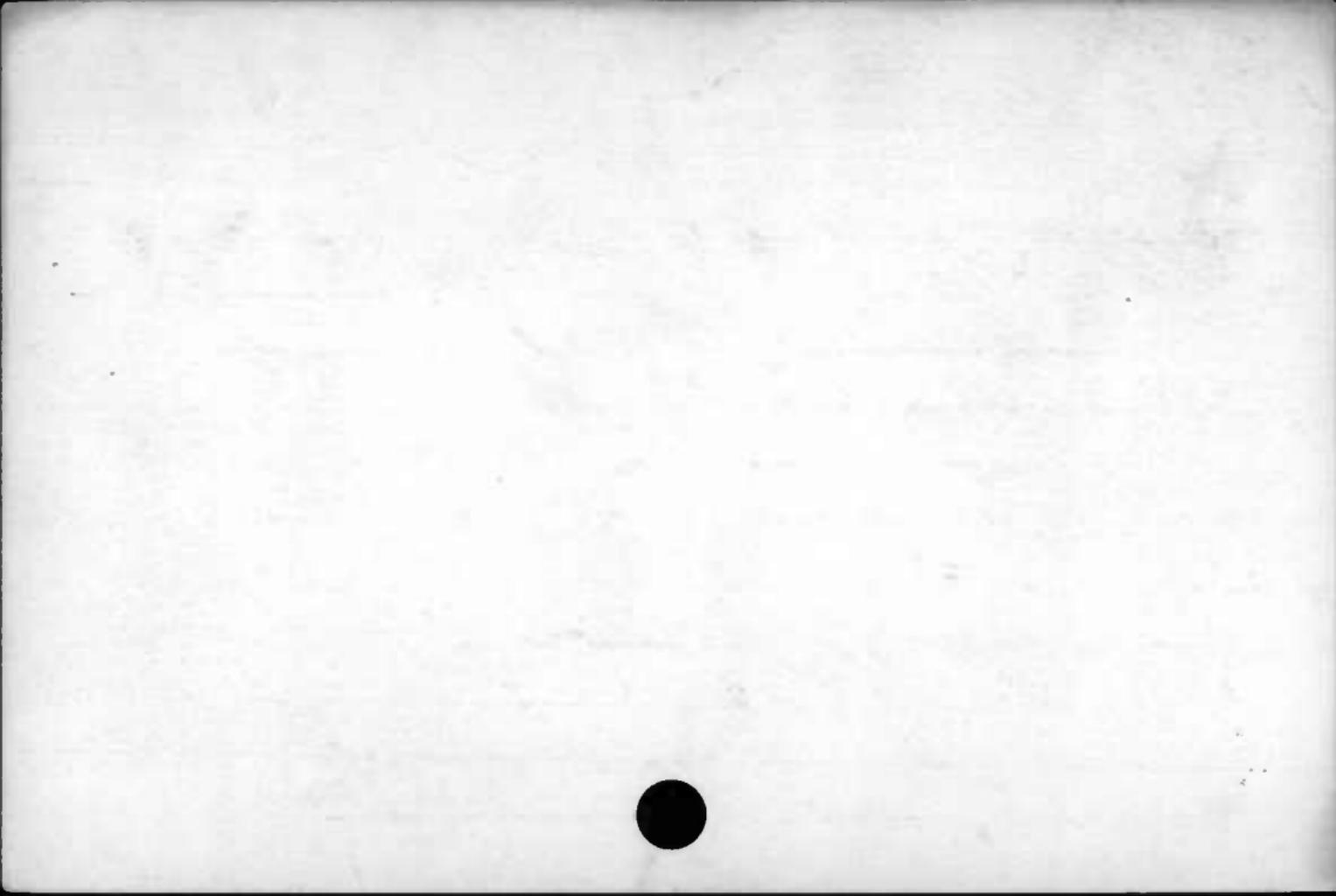
Died at	Town	County			MARYLAND	
Morgue.	Kent					
Date of death 1907	Month Jan	Day 16	Age 75	Years	Months 6	Days
Sex Male	Color or Race White	Occupation Farmer.			Birth- place Morganville, Md.	
Married, Single or Widowed Married						
Name of Wife or Husband Lydia Leman						
Father's Name				Father's Birthplace		
Mother's Maiden Name Leman				Mother's Birthplace		
Name of person giving Information Lydia Leman	106			How related to deceased Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER



Primary Chronic Diarrhea	How long 2 yrs	
Immediate Gastric Distress -	How long our day	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. W. Morrissey	Address Kennebunkport, Kennebunk, Me.
Accident or Suicide?		



Name
in
Full

Charles R. Heath

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1903 Jan	Month	Day	Years	Months	Days
Sex	male	Color or Race	Age		Birth-place	
Married, Single or Widowed		Occupation				
Name of Wife or Husband		Alix Heath				
Father's Name		Thomas Heath		Father's Birthplace	Chittenden, Vt.	
Mother's Maiden Name		Alicia Cormack		Mother's Birthplace	"	"
Name of person giving information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilis, 36.

How long

Life

Immediate

Failure of lungs

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

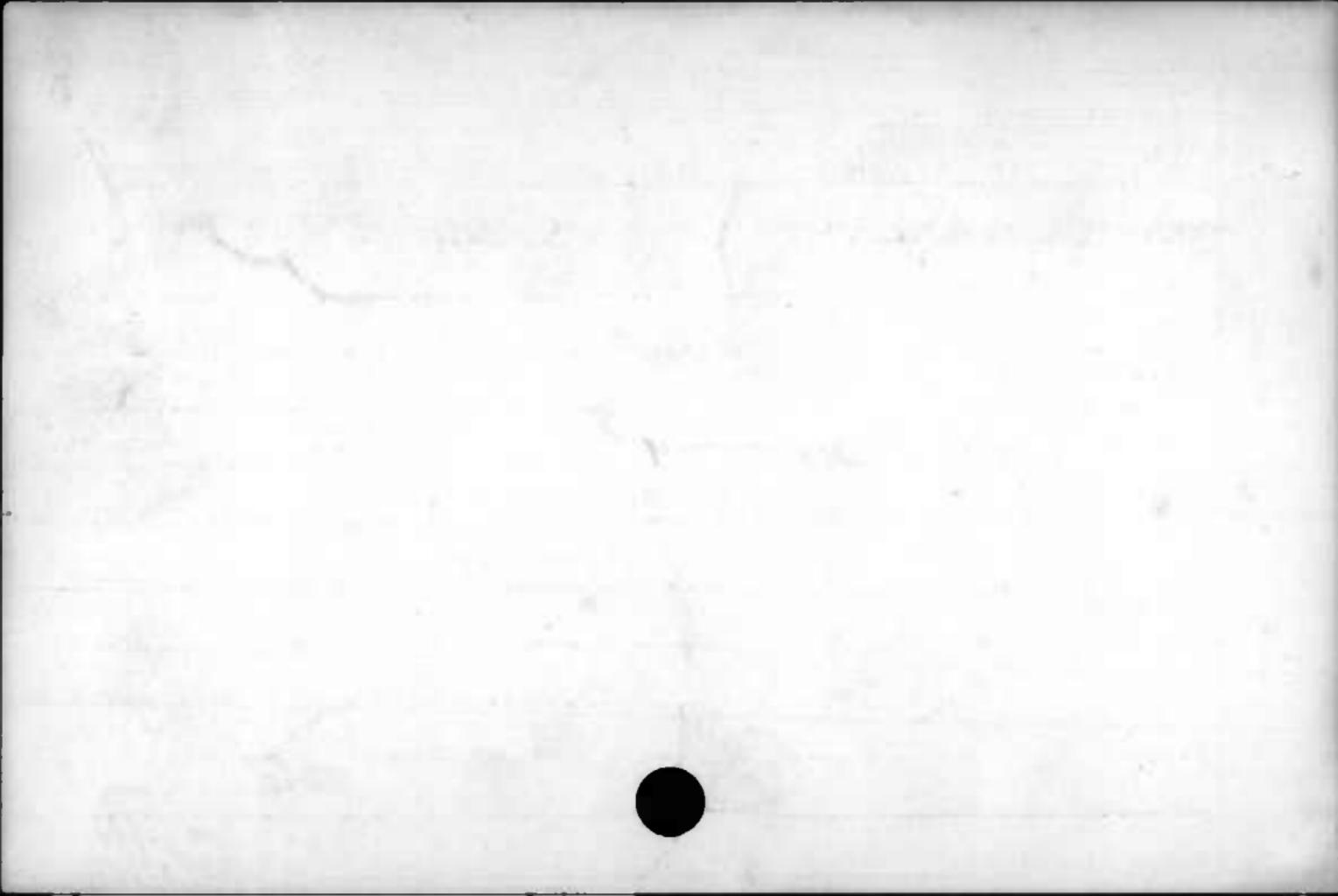
yes

Signature of Physician

Address

W.R. Still Pond Md.

Accident or Suicide?



Name In Full

Certificate of Death

Ludy Hughes

Chestertown

County

MARYLAND

Died at

Kent

Died at

Date 1903	Month Jan	Day 5	Y. 41	M. -	D. -	Native of Kent	Occupation Domestic
	Male	White	Age	Married	Widow	Divorced	
	Female	Colored		Single	Widower	Number of children living	1

Husband of

Abraham Woodland

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary Mutual regurgitation

How long sick

4 weeks

Death

Immediate droppings

Accident, Suicide, Homicide

Reported by

J. G. Simpero, M.D.

Address

Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs. Theope Ann Jerome

Town

County

Died at

MARYLAND

Near Chestertown Kent

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 Jan. 13

Age 77

~~White~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Sing.~~~~Widower~~

Number of children living

3 boys

~~Husband~~ of

Jesse Jerome

Wife

Father's

Name

Mother's

Maiden Name

Ann Pearce

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

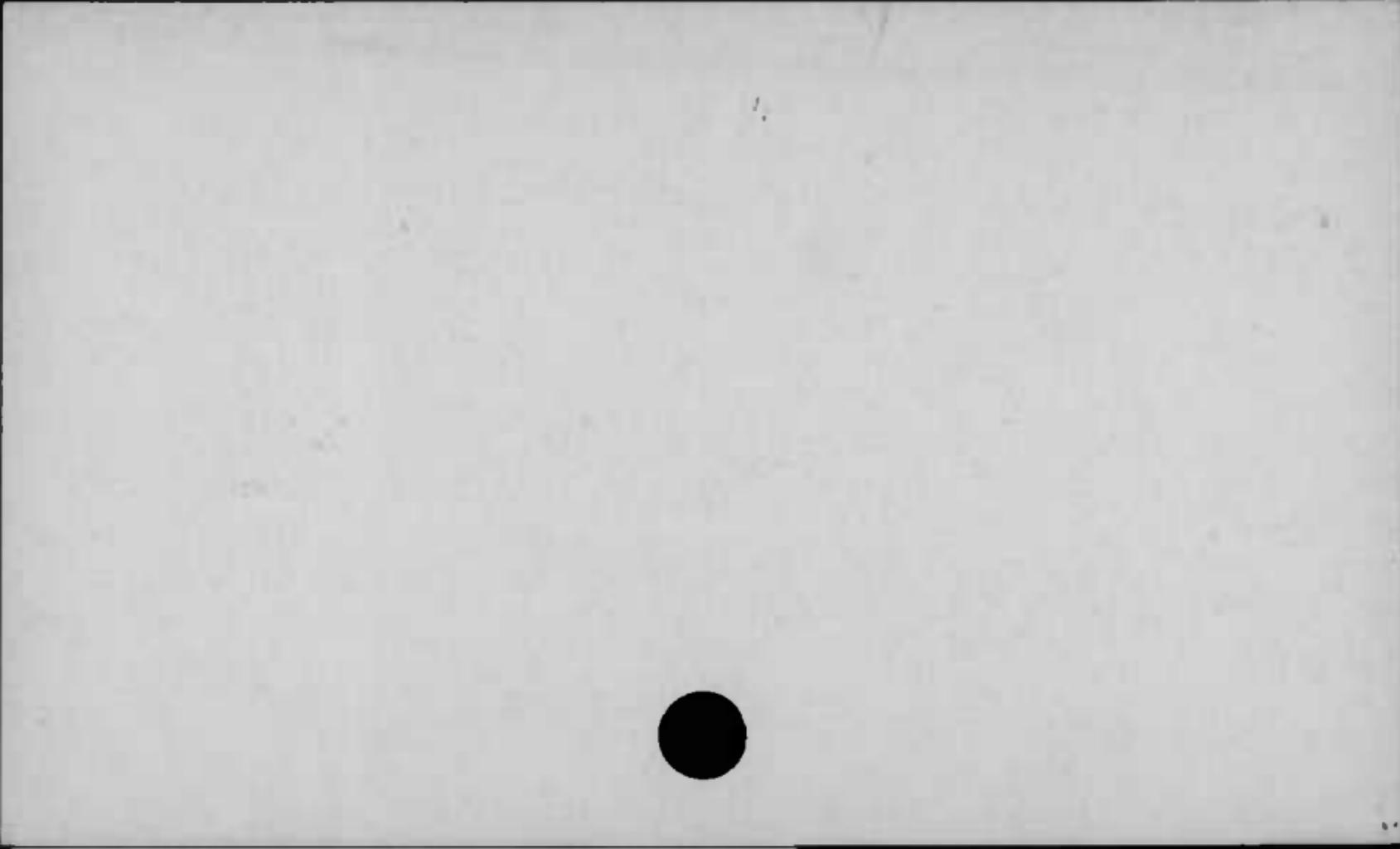
Paralysis

Address

John N. Dodd, Undertaker
Chestertown Md

1

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

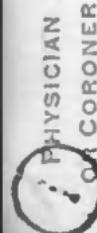


Name
in
Full

Bethune D. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND



Died at	Town	County	MARYLAND		
Date of death 1903.	Month	Day	Years	Months	Days
Sex	Color or Race	Age	59.	—	—
Married, Single or Widowed	Occupation				
Name of Wife or Husband	B. D. D. Johnson				
Father's Name	Josephine Ruggard				
Mother's Maiden Name	Amy Cowiknows				
Name of person giving information	M. J. K. Alderman				

CAUSES OF DEATH

Primary

Absopley

How long

3 hours

Immediate

Signature of Physician

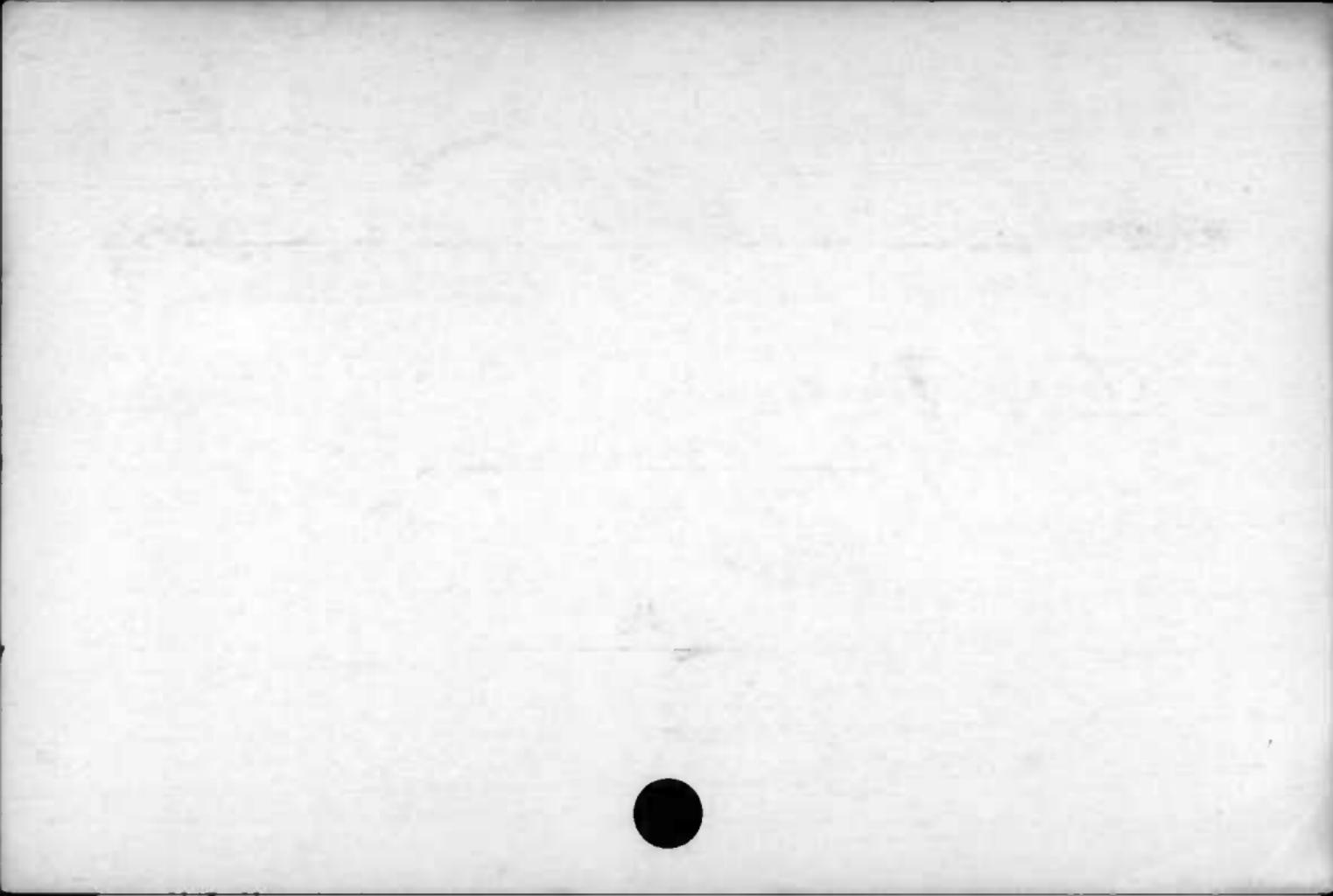
Address

Are the name, age, sex, color, date and place correctly given above?

J.

George Whaland MD
Operating Room

Accident or Suicide?



Name
in
Full

John Benjamin Krusen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond

Town

County
Kent

MARYLAND

Date of death 1903	Month Jan	Day 10	Years Age 27	Months 3	Days —
-----------------------	--------------	-----------	-----------------	-------------	-----------

Sex Male	Color or Race White	Birth- place Md.
-------------	---------------------------	------------------------

Married, Single or Widowed Single	Occupation Undertaker
---	--------------------------

Name of Wife or Husband —	—
---------------------------------	---

Father's Name J. B. Krusen	Father's Birthplace Lemna
----------------------------------	---------------------------------

Mother's Maiden Name Mary E. Krusen	Mother's Birthplace Del
---	-------------------------------

Name of person giving Information W.H. Krusen	How related to deceased Bro
---	-----------------------------------

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis.	27	How long 8 months.
--------------------------	----	-----------------------

Immediate Heart failure.		How long
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Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Wm S. Maxwell.	Address Still Pond, Md.
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Accident or Suicide?		
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Un named
Town
Charlestown

County
Kear

MARYLAND

Died at

Date 1903

Month Day

1 28

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Sing

Widower

Number of children living

Husband of

Wife

Father's Name

J D Lucas

Mother's Maiden Name

May Shulock

Cause of Death

Primary

How long sick

6

Immediate

Still Born

Accident, Suicide, Homicide

Reported by

M Faww Henry

MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret Elizabeth Mc. Cluskey

Town

County

MARYLAND

Died at Rock Hall

Years

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age
Married

68-7 10

Ireland

Housewife

Female

Colored

Single

Widow

Divorced

Number of children living

7

Husband of

James Mc. Cluskey

Wife

Mother's

Father's

Charles Orons

Maiden Name

Mary Duffie

Name

Cause of

Primary

Pneumonitis.

How long sick

10 days

Death

Immediate

Astenia.

93

Accident, Suicide, Homicide

Reported by

J. B. Wilson.

Address

Edenville

Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Maloney
 Town County
 Died at Millington, Kent MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	1	5	Age 24			Md	
Male	Wife	Married				Divorced	
Female	Colored	Single				Widow	Number of children living

Husband

Wife

Father's Name

Cause of Primary

Death Immediate

Mother's Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by Dr. J. W. Jackson

Address 3211 Washington

(1)

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



not any

*own
Salma*

County

Poor

MARYLAND

Died at

Baptist

Native of

Date 1933

Y. M. D.

Occupation

Male

Age

3 months

Divorced

Female

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

Colored

Single

Widower

Number of children living

4

Husband of

Wife

Father's

Name

Mother's
Maiden Name

Cause of

Primary

Immediate

How long sick

Reported by

Accident, Suicide, Homicide

Address

*John & Adam undertaker
Salma*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Edgar Price

Town

County

MARYLAND

Died at

Date 1903

Month Day

about Y.

M.

D.

Native of

Occupation

Male

White

Age 66

Married

Widow

Female

Colored

Single

Widower

Number of children living

7

Husband of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide

Reported by



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Percy Alouzo Rawleigh

Died at Chestertown Town Kent County MARYLAND

Date <u>1903</u>	Month <u>Jan</u>	Day <u>1</u>	Y. <u>-</u>	M. <u>-</u>	D. <u>1</u>	Native of <u>Kent Co</u>	Occupation <u>—</u>
Male	White	Married				Widower	Divorced
Female	Colored	Single				Widower	Number of children living —

Husband of —

Wife

Father's Name Percy A Rawleigh Mother's Maiden Name Annie R. Gardner

Cause of Death	Primary <u>Inanition</u>	How long sick <u>5</u>
	Immediate	<u>1 day</u>
		<u>Accident, Suicide, Homicide</u>

Reported by

Address

H. G. Leepers, M. D.
Chestertown Kent Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Julia A. Raymond

Town

Rock Hall

County

Stark

MARYLAND

Died at

Date 19

03

Month

Day

Y.

M.

D.

Native of

Age

57.1.8

Occupation

Housewife

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband of

Moses B. Raymond

Wife

Father's Name

Name

John G. W. Hedges Mother's *Elizabeth P. Weeks*
Maiden Name

Cause of Death

Primary

Gum - Dropy

How long sick

Immediate

Aremia

Accident, Suicide, Homicide

Reported by

*N.B. Wilson**120*

Address

*Eduville**Kent Co., Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name
in
Full

John C. Schofield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Jan.	Day 19	Age 64	Years,	Months — Days —
Sex Male	Color or Race white	Occupation Carpenter	Birth place Cecil Co Md		
Married, Single or Widowed	Married			Annie McCoffeyte	
Name of Wife or Husband				Father's Birthplace	Unknown
Father's Name	John Schofield			Mother's Birthplace	Unknown
Mother's Maiden Name	Susan Schofield			How related to deceased	Sister
Name of person giving Information	Jessie Woodall				

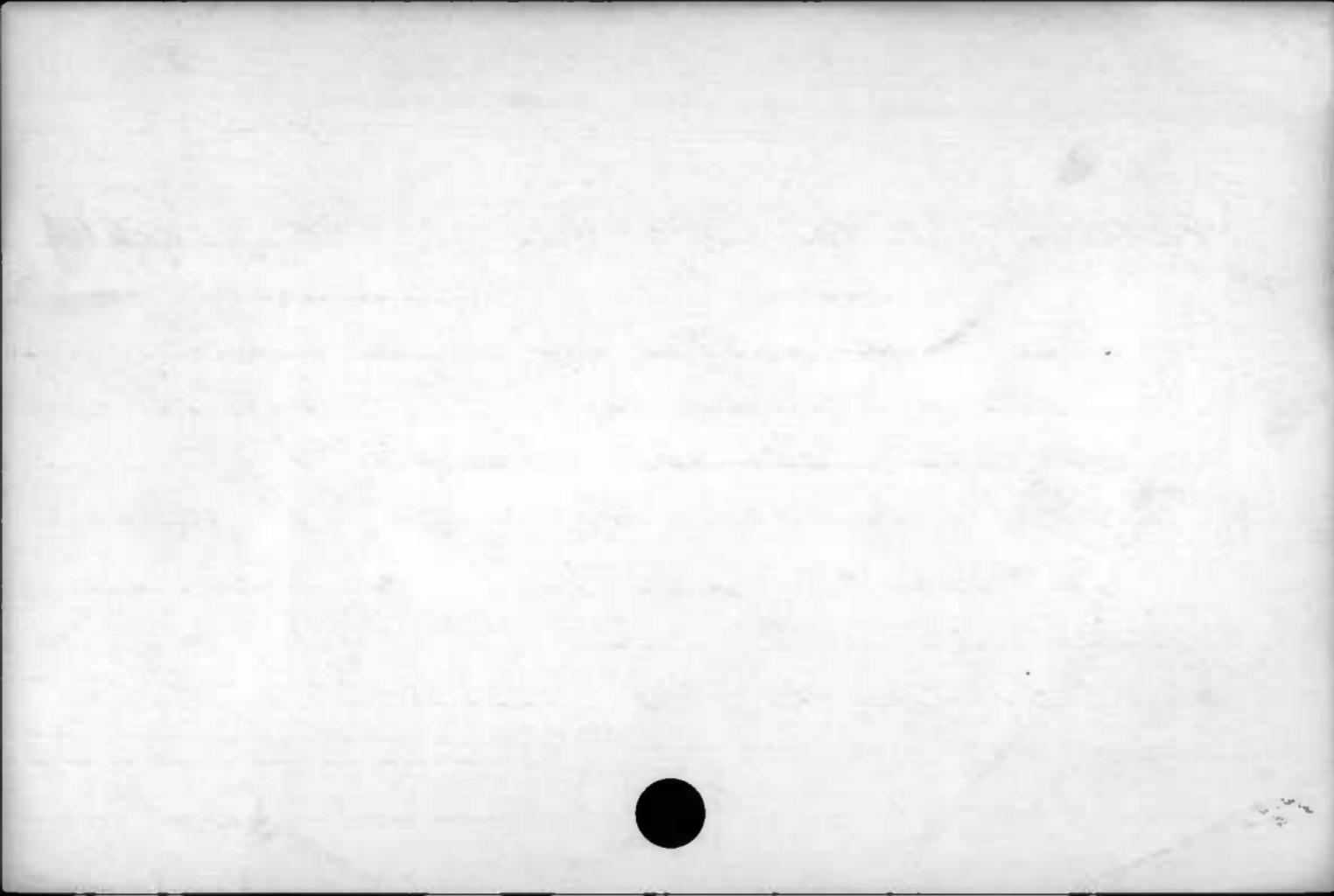
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hepatitis + Bright's disease.	How long	3 weeks.
Immediate	Heart failure	How long	120
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. S. Maxwell.
yes.		Address	Slid Pond, Md.



Accident or Suicide?



Carine Lousane

Town

Seneca

County

Kent

MARYLAND

Died at

Seneca

Month Day

Jan 6

Y. M. D.

15-

Native of

Maryland

Occupation

Date 1917

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Robert Lousane

Mother's Maiden Name

Alice Fruehner

Cause of Death

Primary

Insanity

How long sick

4 days

Immediate

101

Accident, Suicide, Homicide

Reported by

Edward A. Scott M.D.

Address

Salina,

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa C Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at <u>Lynchburg</u>	<u>Kent</u>					
Date of death <u>1903</u>	Month <u>Jan</u>	Day <u>14</u>	Age <u>73</u>	Years	Months	Days
Sex <u>female</u>	Color or Race <u>white</u>				Birth-place <u>Md</u>	
Married, Single or Widowed <u>Widow</u>	Occupation					
Name of Husband <u>Thomas Wilmer</u>						
Father's Name <u>James Pearce</u>				Father's Birthplace		
Mother's Maiden Name <u>Don't Know</u>				Mother's Birthplace		
Name of person giving Information <u>Mrs Melvin</u>				How related to deceased	<u>Niece</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General debility.</u>	How long
Immediate	<u>Heart failure.</u>	<u>1st</u> How long

Are the name, age, sex, color, date and place correctly given above?

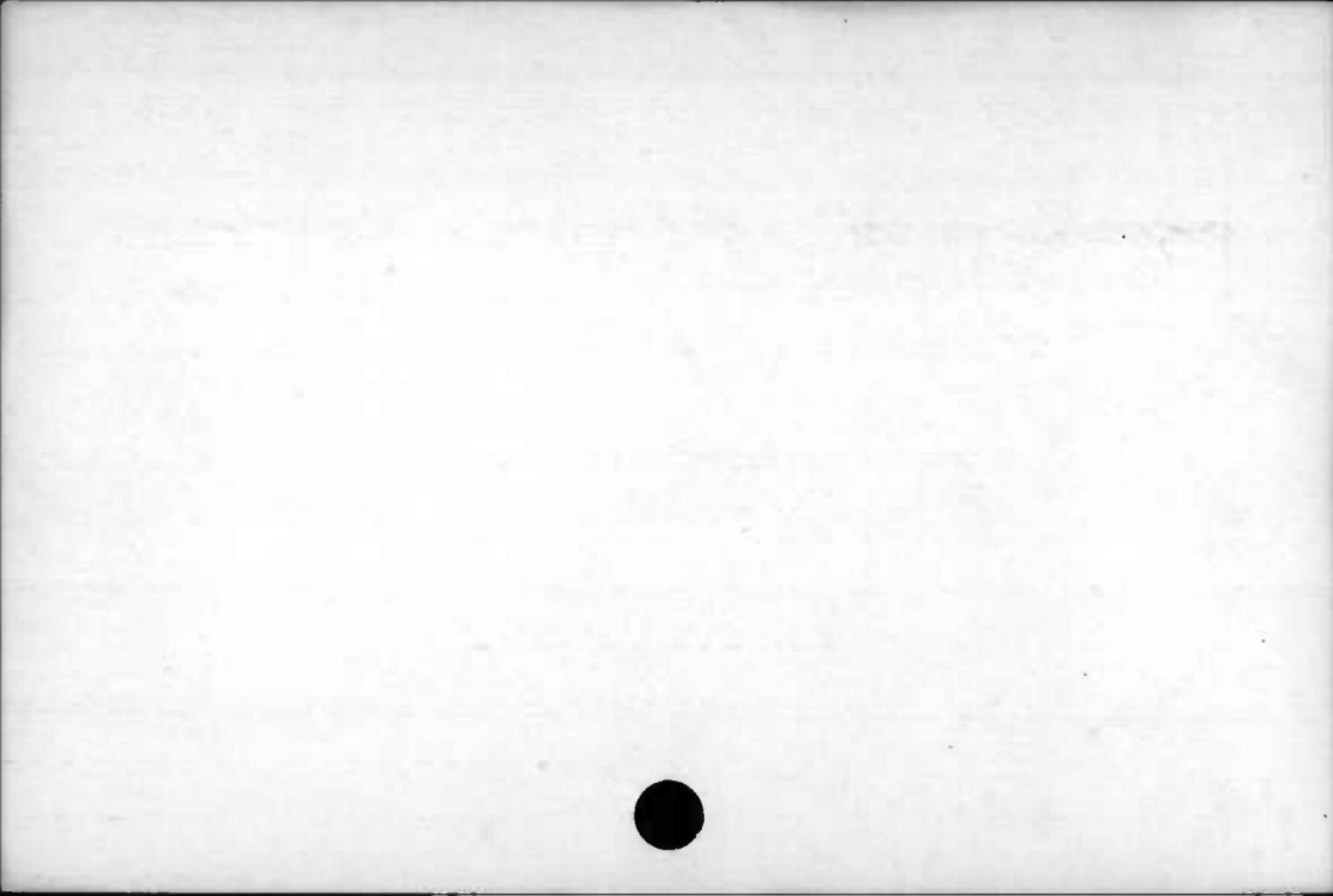
Signature of Physician

Address

Wm. S. Maxwell,
Still Pond, Md.

1

Accident or Suicide?



Hylie Waters

Died <u>now</u>	Town <u>Salina</u>	County <u>Kent</u>	MARYLAND		
Date <u>1903</u>	Month <u>Jan.</u>	Day <u>3</u>	Y. <u>16</u>	M. <u>10</u>	D. <u>28</u>
Male	White	Age <u>16</u>	Native of <u>Kent Co.</u>	Occupation <u>Laborer</u>	
Female	Colored	Married	Widow	Divorced	
Husband of _____	Number of children living _____				
Wife _____					
Father's Name <u>Robert Waters</u>	Mother's Maiden Name <u>Fannie Waters</u>				
Cause of Death <u>Primary</u> <u>Diphtheria</u>			How long sick <u>one week</u>		
Death <u>Immediate</u>			Accident, Suicide, Homicide		

Reported by

Edward A. Scott, M.D.

Address



Salina



Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rebecca Sennett			
Town	County		
Died at	Rock Hall	Delaware Co.	MARYLAND
Month	Day	Y. M. D.	Native of
Date 1903	Jan. 31	4181	hus
Male	White	Married	Widow
Female	Colored	Single	Widower
Husband of		Occupation	
Wife		Housewife	
Father's Name		Mother's Maiden Name	
Thomas Sennett		Rebecca Follenfield	
Cause of Death	Primary	Consumption	How long sick
	Immediate	27 years	2 years
Death		Accident, Suicide, Homicide	
Reported by		W. S. Sennett	
Address		Rock Hall, Del. Md.	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.			

(1)



Name in Full

Certificate of Death

Mrs.

Wood.

Town

County

MARYLAND

Died at

Millsboro

Kings

Month Day

Y. M. D.

Native of

Occupation

Date 1905

Month Day

Y. M. D.

Native of

Occupation

Age

76

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

Wife

Father's

Name

Matched Name

Cause of

Primary

How long sick

General debility

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. W.H. Jacobs

Address

Millington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

